

Vonda M. Wallace
Paralegal Specialist

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/509945

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		2		6	
TOTAL DEP.	2		1		4	
TOTAL CLAIMS	7		3		10	

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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